

RECEIVED

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Group 330

POSITION	ID NO.	DATE
CLASSIFIER		8-15-26-94
EXAMINER	351	5-27-94
TYPIST	323	7-27
VERIFIER		
CORPS CORR.		
SPEC. HAND	945	7-25-94
FILE MAINT.	2154	5-31
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1	9/21
2	1/23
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Claim	Date
Final Original	
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SYMBOLS
 ✓ Rejected
 ✗ Allowed
 . (Through numbers) Cancelled
 + Restricted
 H Non-elected
 A Interference
 O Appeal
 0 Objected

(LEFT INSIDE)